



Your business  
is our business.

6849 Peachtree Dunwoody Rd  
Bldg B-3, Suite 200 Atlanta, Georgia 30328  
internet: [www.jsitel.com](http://www.jsitel.com), e-mail: [lchase@jsitel.com](mailto:lchase@jsitel.com)

January 14, 2015

**VIA Electronic Comment Filing System**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
REVISED -2014 ETC Annual Report of North  
Central Communications - Study Area Code 269006**

Dear Ms. Dortch:

On behalf of North Central Communications, JSI files the attached corrected pages for the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.<sup>1</sup> No other changes were made from the original FCC Form 481 filed on May 29, 2014.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

Lans Chase  
JSI Staff Director  
770-569-2105  
[lchase@jsitel.com](mailto:lchase@jsitel.com)

---

<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

|  |                              |
|--|------------------------------|
| <010> Study Area Code  | 269006                       |
| <015> Study Area Name  | NORTH CENTRAL COMMUNICATIONS |
| <020> Program Year   | 2015                         |
| <030> Contact Name: Person USAC should contact with questions about this data      | Johnny McClanahan            |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 6156886419 ext.              |
| <039> Contact Email Address: Email of the person identified in data line <030>     | johnny.mcclanahan@nctc.com   |

| ANNUAL REPORTING FOR ALL CARRIERS   |   | 54.313<br>Completion<br>Required    | 54.422<br>Completion<br>Required    |
|---|---|-------------------------------------|-------------------------------------|
| (check box when complete)   |   |                                     |                                     |
| <100> Service Quality Improvement Reporting   | (complete attached worksheet)   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <200> Outage Reporting (voice)  | (complete attached worksheet)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report           |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <300> Unfulfilled Service Requests (voice)  | 0   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <310> Detail on Attempts (voice)  | <div style="border: 1px solid black; height: 40px; width: 300px;"></div><br>(attach descriptive document) | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <320> Unfulfilled Service Requests (broadband)  | 0   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <330> Detail on Attempts (broadband)  | <div style="border: 1px solid black; height: 40px; width: 300px;"></div><br>(attach descriptive document) | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <400> Number of Complaints per 1,000 customers (voice)                                    |   |                                     |                                     |
| <410> Fixed   | 0.0   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> Mobile  | 0.0   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <430> Number of Complaints per 1,000 customers (broadband)                                |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <440> Fixed   | 0.0   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <450> Mobile  | 0.0   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <500> Service Quality Standards & Consumer Protection Rules Compliance                    | (check to indicate certification)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <div style="border: 1px solid black; padding: 2px;">269006ky510.pdf</div>           | (attached descriptive document)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations   | (check to indicate certification)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> <div style="border: 1px solid black; padding: 2px;">269006ky610.pdf</div>           | (attached descriptive document)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice)   | (complete attached worksheet)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <710> Company Price Offerings (broadband)   | (complete attached worksheet)   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <800> Operating Companies and Affiliates  | (complete attached worksheet)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> | (if yes, complete attached worksheet)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <1000> Voice Services Rate Comparability  | (check to indicate certification)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <1010> <div style="border: 1px solid black; height: 40px; width: 300px;"></div>           | (attach descriptive document)   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> | (if not, check to indicate certification)   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <1110>  | (complete attached worksheet)   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <1200> Terms and Condition for Lifeline Customers   | (complete attached worksheet)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

|        |                                   |                          |                          |
|--------|-----------------------------------|--------------------------|--------------------------|
| <2000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | (complete attached worksheet)     | <input type="checkbox"/> | <input type="checkbox"/> |

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

|        |                                   |                          |                          |
|--------|-----------------------------------|--------------------------|--------------------------|
| <3000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <3005> | (complete attached worksheet)     | <input type="checkbox"/> | <input type="checkbox"/> |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                              |
|---|------------------------------|
| <010> Study Area Code   | 269006                       |
| <015> Study Area Name   | NORTH CENTRAL COMMUNICATIONS |
| <020> Program Year  | 2015                         |
| <030> Contact Name - Person USAC should contact regarding this data                 | Johnny McClanahan            |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6156886419 ext.              |
| <039> Contact Email Address - Email Address of person identified in data line <030> | johnny.mcclanahan@nctc.com   |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |  |
|--|--|
| I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |  |
| Name of Authorized Agent: <u>John Staurulakis, Inc.</u>  |  |
| Name of Reporting Carrier: <u>NORTH CENTRAL COMMUNICATIONS</u>   |  |
| Signature of Authorized Officer: <u>CERTIFIED ONLINE</u>   | Date: <u>01/13/2015</u>                          |
| Printed name of Authorized Officer: <u>Johnny McCanahan</u>  |  |
| Title or position of Authorized Officer: <u>VP Finance and Administrative Services</u>   |  |
| Telephone number of Authorized Officer: <u>6156662151 ext.</u>   |  |
| Study Area Code of Reporting Carrier: <u>269006</u>  | Filing Due Date for this form: <u>07/01/2014</u> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |  |

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |  |
|--|--|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |  |
| Name of Reporting Carrier: <u>NORTH CENTRAL COMMUNICATIONS</u>   |  |
| Name of Authorized Agent or Employee of Agent: <u>John Staurulakis, Inc.</u>   |  |
| Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u>  | Date: <u>01/13/2015</u>                          |
| Printed name of Authorized Agent or Employee of Agent: <u>Lans Chase</u>   |  |
| Title or position of Authorized Agent or Employee of Agent: <u>Staff Director - Regulatory</u>   |  |
| Telephone number of Authorized Agent or Employee of Agent: <u>7705692105 ext.1</u>   |  |
| Study Area Code of Reporting Carrier: <u>269006</u>  | Filing Due Date for this form: <u>07/01/2014</u> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |  |